Kidney Health Australia

Kidney Health Check

Risk factor check

Diabetes
Hypertension
Aboriginal or Torres Strait Islander Peoples 18+ years

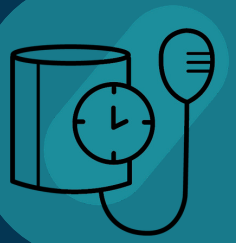
every year

Over 60+ years
Obesity with BMI >30 kg/m^2
Established cardiovascular disease
History of acute kidney injury (AKI)*
Family history of kidney failure
Current or former smoker or vaper

every 2 years

*Offer yearly for the first 3 years after AKI

Offer a Kidney Health Check



Blood pressure check

Maintain BP below 130/80mmHg

Blood test - eGFR

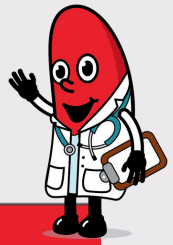
If eGFR <60mL/min/1.73m^2, repeat within 7 days + within 3 months

Urine test - uACR

If uACR ≥3mg/mmol, repeat within 3 months

CKD staging and management

Kidney Function Stage	GFR (mL/min/1.73m²)	Albuminuria Stage: Normal (A1) uACR <3.0 mg/mmol	Microalbuminuria (A2) uACR 3.0-30 mg/mmol	Macroalbuminuria (A3) uACR >30 mg/mmol
1	≥90	Not CKD unless haematuria, structural or pathological abnormalities present		
2	60-89			
3a	45-59			
3b	30-44			
4	15-29			
5	<15 or on dialysis			



Management of CKD (pg. 25*):

- Slow decline in eGFR
- Reduce albuminuria
- Maintain blood pressure below 130/80mmHg
- Lower CVD risk
- Avoid further damage to kidneys
- Manage common issues in CKD

Medications used for CKD (pg. 34*):

- ACE inhibitor or ARB: first-line for all people with CKD
- Statin (+/- ezetimibe): for eGFR ≥15 + CVD risk ≥10% (or ≥ 5% if First Nations Australian)
- SGLT2 inhibitor: CKD +/- proteinuria +/- diabetes
- Non-steroidal MRA: CKD + diabetes
- GLP-1 RA: CKD + diabetes
- Offer Sick Day Action Plan

**CKD Management in Primary Care 5th edition handbook, Kidney Health Australia, Melbourne, 2024.

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